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APPLICANTS

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** CONTINUING DATA ***** *none*

** FOREIGN APPLICATIONS ***** *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 0	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE
 Skin-care composition

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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